

## MSS Post Pregnancy Screening Tool

CLIENT NAME

DATE OF BIRTH

CLIENT ID

- Instructions:**
- An \* asterisk indicates an MSS clinician (CHN, RD, BHS) needs to make the final determination of the clients risk criteria (A, B, or C).
  - After screening the client for the MSS targeted risk factors, document the date(s) in the appropriate A, B or C column for any identified criteria, sign the last page and assign the level of service.

TARGETED RISK FACTOR	DO NOT USE SHADED AREAS			RISK FACTOR CRITERIA
	A	B	C	
<b>Maternal Race</b>				<b>C.</b> American Indian, Alaska Native or non-Spanish speaking indigenous women from the Americas (e.g. women whose primary language is Mixteco, Mam, or Kanjobal, etc.) <b>C.</b> African American or Black
<b>Prenatal Care</b>				<b>B.</b> No prenatal care started during pregnancy.
<b>Nutrition</b>				<b>Food Insecurity:</b> <b>A.</b> Runs out of food before the end of the month or cuts down on the amount eaten to feed others <b>Pre-pregnancy BMI: IOM = Institute of Medicine</b> <b>A.</b> Pre-pregnancy BMI <b>25.0 to 29.9</b> <b>*A.</b> Pre-pregnancy BMI greater than or equal to ( $\geq$ ) <b>30</b> and gained weight <b>within</b> the IOM guidelines. <b>*B.</b> Pre-pregnancy BMI greater than or equal to ( $\geq$ ) <b>30</b> and gained weight <b>outside</b> of the IOM guidelines.
<b>Medical</b>				<b>A. Inter-pregnancy interval-</b> Current pregnancy: conception less than 9 months from end of last pregnancy. <b>B. Fetal death</b> this pregnancy- fetus greater than 20 weeks gestation that died in utero or was born dead. <b>Diabetes:</b> <b>C.</b> Type 1 or 2. <b>C.</b> Gestational Diabetes with this pregnancy. <b>Hypertension:</b> <b>C.</b> Chronic Hypertension: Chronic Hypertension diagnosed prior to pregnancy, or before 20 weeks gestation <b>C.</b> Gestational Hypertension or post partum hypertension with this pregnancy. <b>C. Multiples:</b> Delivered more than one infant with this pregnancy.
<b>Maternal Age</b>				<b>B.</b> 17 years of age or younger at the time of post pregnancy screening.
<b>Tobacco</b>				<b>B.</b> Maternal tobacco use – smokes or uses tobacco. <b>B.</b> Second hand smoke- infant is exposed to active smoking in their living environment (i.e. inside the home, car, day care).
<b>Alcohol and Substance Abuse or Addiction</b>				<b>*B.</b> <b>Stopped</b> substance use upon diagnosis of pregnancy <b>*B.</b> Used alcohol and substances during pregnancy but <b>actively</b> engaged in <b>alcohol/drug treatment</b> program and has not used for more than or equal to ( $\geq$ ) <b>90 days</b> <b>*C.</b> Used alcohol, illicit substances, or non prescriptive use of prescription drugs during pregnancy <b>or abstinent</b> from use of alcohol, illicit substances, or non prescriptive use of prescription drugs for less than ( $\leq$ ) <b>90 days</b>
<b>Mental Health</b> Severe Mental Illness (SMI) and Perinatal Mood Disorder				<b>* A. No history</b> of mental health diagnosis, but answers “Yes” to “In the last month, have you felt down, depressed or hopeless?” or showing potential symptoms of depression, but has <b>negative</b> score on standardized depression <b>screening</b> tool. i.e. Edinburgh, CES-D <b>*B.</b> <b>History of</b> mental health treatment but is stable, <b>or</b> history of postpartum depression with previous pregnancy, <b>and negative</b> score on standardized depression <b>screening</b> tool. <b>*B.</b> <b>Current</b> mental health diagnosis and is <b>engaged</b> in a mental health treatment <b>*C.</b> Mental health symptoms are evidenced by <b>positive</b> score on standardized depression <b>screening</b> tool <b>*C.</b> Client has a <b>mental health diagnosis</b> and exhibiting <b>active symptoms</b> which are interfering with general functioning.

TARGETED RISK FACTOR	DO NOT USE SHADED AREAS			RISK FACTOR CRITERIA
	A	B	C	
Develop- mental Disability				*A. Severe developmental disability which could impact the woman's ability to take care of her infant, but has <b>adequate</b> support system, and <b>demonstrates</b> evidence of follow through with health care appointments/advice and infant/self care
				*C. Severe developmental disability which impacts the woman's ability to take care of her infant and has an <b>inadequate</b> support system or <b>does not demonstrate</b> evidence of follow through with health care appointments/advice and infant/self care
Intimate Partner Violence				B. In the last year, the woman's intimate partner (FOB) has committed or threatened physical/sexual violence against her
CPS				*B History of CPS involvement as the parent/caretaker and not active case
				*C. Client is identified as the parent/caretaker within a family unit that has an <b>open CPS case</b> .
Infant				C. Delivered <b>LBW infant</b> (less than 5lb 8 oz)
				C. Delivered <b>Preterm infant</b> (born less than 37 weeks gestation)
				*C. <b>Slow weight gain</b> i.e. loss of more than 10% of body weight since birth, has not gained back to birth weight by two weeks of age
				*C. <b>Breastfeeding complications</b> - inadequate milk transfer/ineffective suck, inadequate stools
				*C. Infant with <b>birth defect and/or health problems</b>
				*C. <b>Drug/alcohol exposed</b> newborn per program definition

☐ **Client received MSS during this pregnancy:**

☐ Check this box to acknowledge all the MSS targeted risk factors have been screened for and initial \_\_\_\_\_

Screen date \_\_\_\_\_ Completed by \_\_\_\_\_ Level of service \_\_\_\_\_

Screen date \_\_\_\_\_ Completed by \_\_\_\_\_ Level of service \_\_\_\_\_

**Level of Service (continued from prenatal period):**

Basic = No targeted risk factor or any As and no Bs or Cs

Expanded = At least one B and no Cs

Maximum = At least one C

To determine how many units the client can receive during the post pregnancy period:

1. Determine client's eligibility post pregnancy (basic, expanded or maximum) by using this form.
2. If the client's eligibility increased post pregnancy (i.e. basic to expanded), subtract the units used prenatally from the max prenatal units for the current level of service determined post-pregnancy (i.e. expanded or maximum). Those remaining units may be used during the post pregnancy period, based on client need.

**NOTE:** If the client's eligibility stayed the same or declined post pregnancy, no additional units can be assigned.

☐ **Client did not receive MSS during this pregnancy and entered MSS ONLY post pregnancy:**

☐ Check this box to acknowledge all the MSS targeted risk factors have been screened for and initial \_\_\_\_\_

Screen date \_\_\_\_\_ Completed by \_\_\_\_\_ Level of service \_\_\_\_\_

Screen date \_\_\_\_\_ Completed by \_\_\_\_\_ Level of service \_\_\_\_\_

**Level of Service (see Billing Instructions for number of units):**

- PP Basic = No risk factor or at least one A and no Bs or Cs
- PP Expanded = At least one B and no Cs
- PP Maximum = At least one C